

FEB 20 2007

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FACSIMILE TRANSMITTAL SHEET

| | |
|------------------------|--|
| TO: | FROM: |
| Art Unit 2628 | Matthew Kaser D.Phil. |
| COMPANY: | DATE: |
| USPTO | 2/20/07 |
| FAX NUMBER: | TOTAL NO. OF PAGES INCLUDING COVER: |
| (571) 273-8300 | 23 |
| PHONE NUMBER: | SENDER'S REFERENCE NUMBER: |
| (571) 272-7666 | KRM-0001 JB |
| RE: | YOUR REFERENCE NUMBER: |
| IDS references 4 and 5 | US 10/611,822 |

* URGENT * FOR REVIEW * PLEASE COMMENT * PLEASE REPLY * PLEASE RECYCLE

NOTES/COMMENTS:

20th February, 2007

US 10/611,822

Dear Sir,

I am attaching copies of the two references (4 & 5) as previously filed with an IDS on the 17th November, 2006. I am also attaching a copy of the return receipt postcard filed with the IDS showing that the IDS and both references 4 and 5 were received at the USPTO on the 17th November, 2006.

Matthew Kaser
44,817

Please note that this communication may contain confidential and attorney-client privileged information. If it has been received by someone other than the intended recipient, please destroy it and any attachments and inform the sender. Thank you.

FEB 20 2007

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCEUnder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

23

| | |
|----------------------|---------------|
| Application Number | 10/611,822 |
| Filing Date | 30 June, 2003 |
| First Named Inventor | BURKE, James |
| Art Unit | 2628 |
| Examiner Name | YANG, Ryan R. |

Attorney Docket Number

KRM-0001 JB

Total Number of Pages in This Submission

23

ENCLOSURES (Check all that apply)

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile cover sheet, Cover letter, Copy of return receipt postcard dated November 17, 2006; two sets IDS references 4 & 5 |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Bell & Associates | | |
| Signature |  | | |
| Printed name | Matthew Kaser | | |
| Date | 20th February, 2007 | Reg. No. | 44,817 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | |
|-----------------------|---|
| Signature |  |
| Typed or printed name | Matthew Kaser |
| Date | 20th February 2007 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEB 20 2007

PRO/SB/17 (02-07)

Approved for use through 02/28/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2007** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
0.00

| Complete if Known | |
|----------------------|---------------|
| Application Number | 10/611,822 |
| Filing Date | 30 June, 2003 |
| First Named Inventor | BURKE, James |
| Examiner Name | YANG, Ryan R. |
| Art Unit | 2628 |
| Attorney Docket No. | KRM-0001 JB |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **50-3194** Deposit Account Name: **Bell & Associates**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$)
50Fee (\$)
25

Each independent claim over 3 (including Reissues)

Fee (\$)
200Fee (\$)
100

Multiple dependent claims

Fee (\$)
360Fee (\$)
180Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent ClaimsFee (\$)Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent) 44,817

Telephone (510) 537-2040

Name (Print/Type) Matthew Kaser

Date 20 February, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (02-07)

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**FEE TRANSMITTAL
For FY 2007** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
0.00**Complete If Known**

| | |
|----------------------|---------------|
| Application Number | 10/611,822 |
| Filing Date | 30 June, 2003 |
| First Named Inventor | BURKE, James |
| Examiner Name | YANG, Ryan R. |
| Art Unit | 2628 |
| Attorney Docket No. | KRM-0001 JB |

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: **50-3194** Deposit Account Name: **Bell & Associates**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Multiple dependent claims

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

Total Claims

- 20 or HP =

Extra Claims

x

Fee (\$)**Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

- 3 or HP =

Extra Claims

x

Fee (\$)**Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets

- 100 =

Extra Sheets

/ 50 =

Number of each additional 50 or fraction thereof**Fee (\$)****Fee Paid (\$)**

(round up to a whole number) x

=

=

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature

Name (Print/Type)

Registration No.
(Attorney/Agent) 44,817

Telephone (510) 537-2040

Date 20 February, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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On: 20th February, 2007By: Printed: Matthew KaserIN THE
UNITED STATES
PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: James Burke

CASE: KRM-0001 JB

SERIAL NO.: 10/611,822

FILED ON: 06/30/2003

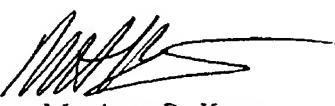
FOR: Layered and Vectored Graphical
User Interface to a Knowledge and
Relationship Rich Data SourceMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450EXAMINER: Yang, Ryan R.
ART UNIT: 2628

Dear Sir:

Please find attached two copies of References 4 and 5 as originally filed on the 17th November 2006. A copy of the return receipt postcard showing that References 4 and 5 were received by the USPTO on the 17th November 2006 is also attached.

Applicant believes that no fee is due at this time. If, however, the Commissioner finds any additional charges or fees must be paid in connection with this communication, they may be paid out of **Bell & Associates Deposit Account No. 50-3194**. The Commissioner is also authorized to credit any overpayment.

Respectfully submitted,
Dated: February 20th, 2007



Matthew R. Kaser
(Reg. No. 44,817)
One of Agents for Applicant

FCZ

Deposited as First Class Mail with USPS

Commissioner for Patents Date: November 17, 2006
P.O. Box 1430
Alexandria VA 22313-1450

Serial No.: 10/611,822

Filing Date: June 30, 2003
Title: Layered and Vectorized Graphical User Interface to a Knowledge and
Relationship Rich Data Source

Inventor: James Burke

Received:

- 1 Return receipt postcard
- 1 Transmittal sheet (1 page)
- 1 Fcc transmittal form (1 page, in duplicate)
- 1 Cover letter for Information Disclosure Statement (1 page)
- 1 Information Disclosure Statement, Form 1449 (1 page)
- 1 Set of Publications (References 4 & 5; 17 pages)



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